



Application for Utility Services

Water, Sewer, Garbage

PO Box 586 | Ipswich, SD 57451

Phone: 605-426-6961 | Fax: 605-426-6626

Email: ipswichfo@valleytel.net | www.ipswich-sd.com

Today's Date: _____ Service Start Date: _____ Residential Commercial

Applicant Name: _____

Service Address: _____ Own Rent

Mailing Address: _____ Landlord: _____
(if renting)

Phone: _____
(Mobile) (Home) (Work)

Number in Household: _____ 911 Info to Sheriff's Office: Yes No
(Adults) (Children) (Pets)

Community Alerts: The City of Ipswich has a notification system for non weather related situations, events, snow removal alerts, etc. The alerts can be received via voice call, text, or email.

Do you wish to sign up for Community Alerts? Yes No

Send me Alerts Via: Text _____ Voice Call _____

E-mail: _____

Optional Demographic Information: The following information is requested by the Federal Government for certain monitoring purposes.

Ethnicity: Check one or more

- Hispanic
- Non-Hispanic
- I do not wish to provide this information

Race: Check one or more

- Native American
- Asian
- Black or African American
- White
- Pacific Islander
- I do not wish to provide this information

Sex:

- Male
- Female
- I do not wish to provide this information

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex or familial status. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410, or call (866) 632-9992 / (800) 877-8339 (TDD).

A \$100 Deposit must be paid before services are turned on. City of Ipswich water policies can be found on the back of the yellow copy.

By signing this application, the applicant certifies the above information to be true and accurate and is agreeing to be financially responsible for all utility bill charges including late fees, reconnect fees, etc. as long as the utility bill remains in the applicant's name. Applicant is responsible for promptly contacting the City of Ipswich if the property is sold, if the applicant moves or of any changes that may affect the account.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Deposit Amt: _____ Cash Credit Check Check #: _____ Receipt #: _____